



State of Michigan
Department of Labor & Economic Growth
State Office of Administrative Hearings and Rules
DIVISION OF UNEMPLOYMENT APPEALS



IN THE MATTER OF:

APPEAL DOCKET NO. _____

SOCIAL SECURITY NO. _____

EMPLOYER NO. _____

CERTIFICATION OF AGENCY AND APPEARANCE

I, _____, certify that I am authorized by _____
to act as agent in all proceedings in the above entitled matter.

My appearance as agent for Unemployed Worker ☐
Employer ☐ in the above entitled cause is hereby filed.

Dated: _____

Signature: _____

Firm Name: _____

Address: _____

Phone: _____

Fax: _____

APPEARANCE

(for use of attorneys-at-law only)

My (our) appearance as attorney for Unemployed Worker ☐
Employer ☐ in the above entitled cause is hereby filed.

Dated: _____

Signature: _____

Firm Name: _____

Address: _____

Phone: _____

Fax: _____